

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1934

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

40406

40316

## 1. PLACE OF DEATH

County CharitonRegistration District No. 172Township MendonPrimary Registration District No. 4101City Mendon (No.       )File No.       Registered No. 18St.        Ward       

## 2. FULL NAME

(a) Residence. No.       

(Usual place of abode)

St.        Ward       

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

M

## 4. COLOR OR RACE

W

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OR (OR) WIFE OF

Chas. Stewart

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug-10-1868

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

63418

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

Chariton Co Mo

(STATE OR COUNTRY)

## PARENTS

## 10. NAME OF FATHER

A. J. Agee

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

## 12. MAIDEN NAME OF MOTHER

Marie Perkins

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Howard Co Mo

## 14.

INFORMANT (Address)

Chas. Stewart  
Mendon Mo

## 15.

FILED

12/28/31W. W. West

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

Dec. 28 1931

## 17.

I HEREBY CERTIFY, That I attended deceased from Dec. 28....., 1931 to Dec 28, 1931that I last saw him alive on Dec 28, 1931, and thatdeath occurred, on the date stated above, at 10-20 P. m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Apoplexy  
Caused by embolus or  
thrombus from the heart  
very likely (duration) yrs. mos. da.

## CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY?

## WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

W. B. Lucas, M. D.

12/29, 1931 (Address)

Mendon Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

## DATE OF BURIAL

Salisbury Mo12/30 1931

## 20. UNDERTAKER

## ADDRESS

D. S. LipardMendon Mo

